

Case Number:	CM13-0059822		
Date Assigned:	12/30/2013	Date of Injury:	07/30/2012
Decision Date:	07/03/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Practice, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 61 year old female injured on 07/30/12 as a result of an undisclosed mechanism of injury. Current diagnoses included cervical disc disease, cervical radiculopathy, status post right total shoulder replacement with residual symptoms, left shoulder osteoarthritis, lumbar disc disease, lumbar facet syndrome, and bilateral knee internal derangement. The injured worker continued to complain of moderate to severe neck pain radiating to bilateral upper extremities in C6-7 distribution with moderate to severe low back pain. The injured worker also continued to experience persistent pain in bilateral shoulders and knees. Physical examination revealed tenderness over cervical paraspinal muscles, limited range of motion in the cervical spine, and positive axial head compression and Spurling sign. Physical examination of the upper extremities revealed limited range of motion of bilateral shoulders and positive impingement sign. Sensation was decreased along bilateral C6 and C7 dermatomes and decreased strength to the upper extremities at 4/5 was noted. Evaluation of the lumbar spine revealed diffuse tenderness over the paraspinal muscles, facet tenderness over L3 through S1, Kemp, straight leg raise, and Farfan tests were positive bilaterally. Positive Lachman and McMurray tests were noted on assessment. The injured worker underwent physical therapy, medication management, home exercise program, and medication management. The initial request for diclofenac 75mg (quantity unspecified) quantity: one and Prilosec 20mg (quantity unspecified) quantity: one was initially uncertified on 11/08/13.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

DICLOFENAC 75MG (QUANTITY UNSPECIFIED): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, non-steroidal anti-inflammatory medications (NSAIDs) are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Package inserts for non-steroidal anti-inflammatory medication (NSAIDs) recommend periodic lab monitoring of a complete blood count (CBC) and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the injured worker is being monitored on a routine basis. Furthermore, diclofenac is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. As such, the request for Diclofenac 75mg (quantity unspecified) QTY: one, cannot be recommended as medically necessary.

PRILOSEC 20MG (QUANTITY UNSPECIFIED): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

Decision rationale: As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age greater than 65 years; history of peptic ulcer, gastrointestinal (GI) bleeding or perforation; concurrent use of Acetylsalicylic Acid (ASA), corticosteroids, and/or an anticoagulant; or high dose/multiple non-steroidal anti-inflammatory medications (NSAIDs) (e.g., NSAID + low-dose ASA). There is no indication the injured worker is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. As such, the request for Prilosec 20mg (quantity unspecified) QTY: one cannot be established as medically necessary.